DO NOT WRITE ON THIS STUB	AME	NDED	R	egistration District No.	IN A FOR	7 Prima	ary Registration	District No	3005	Registrar's N	0L				
ON THIS STUB	<del></del>		-	. PLACE OF DEATH	314 - 4 130	<u> </u>				2. USUAL RESID	ENCE (Whe	e deceased	lived. If instit	ution: Resid	dence before
V\$ 300	요			a. COUNTY	Bates						10	b. COUNTY	Bates		dmission)
Rev. 4/59	AMENDED			b. CITY (If outside co OR TOWN	orporate limits, gi Butler	ive TOWNSH	HIP only)	Length of stay	- 11	c. CITY OR TOWN	n 1 .				iside Limits
12 0 11 1	\ <b>\{\}</b>		l	C FILL NAME OF (III		L alve locatio	ion)	5 yrs		d. STREET	But 1		e, give location	l. <u></u>	ide on Farm
2007/	DATE		<u> </u>	c. FULL NAME OF (II HOSPITAL OR INSTITUTION	112 S	Broa	dway	Yes [X	ll ll	ADDRESS	112			1	s □ No 🔯
3			<u>_3</u>	. NAME OF DECEASES (Type or print)	D Fire	rst		Middle	· · · · · ·	Last	4. DAT	E	Month	Day	Year
	111		l	(Type of printy	Roy			D	Kas	sh	OF DEA		May 2		62
4 6				. SEX	6. COLOR OF	R RACE	7. Married ( Widowed (		ried 🔲	8. DATE OF BIRT		(last birthda			UNDER 24 HR
5 1				Male  a. USUAL OCCUPATION	W			BUSINESS OR II		6/21/19		44	11	. <b>Y</b>	T COUNTRY
6	ဖွ			during most of work	ing life, even if r		106. KIND OF	DU31NE33 OK 11	14003181				1		COUNTRY
7 6	<u>]   [</u>		13	<u>ruck Drive</u> a. FATHER'S NAME	er		13b. M	OTHER'S MAIDE	N NAME	<u> </u>	s co	M1 S S O	OF HUSBAND OF	WIFE US	A
7 6	Follow			Roy A Kas	sh			Lelia	a E S	Stevens			othy K		
8 2_	&     A			. WAS DECEASED EVE es, no, or unknown) [(I				CIAL SECURITY	Y NO.	17. INFORMANT	··		Address		
9410X	ا ا اس		I	No		or dates of se	ervi		3	Dorot	hy Ka	ish=Bu	tler M	issou	ri
10 7	¥			18. CAUSE OF DEAT	H (Enter only one . DEATH WAS C	cause per l CAUSED BY:	line	- <i>A</i>		_	٠,				AL BETWEEN AND DEATH
10 1	1111	UMENT		18. CAUSE OF DEAT	H (Enter only one DEATH WAS C		line Co.	codo	My	1 occ	w	100	<u>, .</u>		
11	8 P	OCUMENT			IMMEDIATE		Co.	codo	TLY als	_					
11 1290 - C	S RECORD STEAD OF	DOCUMENT		Conditi which (	IMMEDIATE		The The	Rodo Evalo	They The	_			, <u>.</u>		
11 1290 - C	RECORD TEAD OF	DOCUMENT		Conditi which above stating lying	IMMEDIATE ions, if any, gave rise to cause (a), the under-cause last.	DUE TO (c)	The The	est o	etes 40	le le	ent Com	de			
11 1290-c 13/-0	S RECORD STEAD OF	DOCUMENT	NOI	Conditi which above stating lying	immediate ons, if any, gave rise to cause (a), the under- cause last.  I. OTHER SIGNI	DUE TO (c)	The The	est o	etes 40	_	ent Com	de	RT III. If dece	ased was	AND DEATH
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11 1290-c 13/-0	ON THIS RECORD INSTEAD OF	DOCUMENT	JICAL CERTIFICATION	Conditivation of the conditivation of the conditivation of the condition o	ions, if any, gave rise to cause (a), the under-cause last.  I. OTHER SIGNI disease condit	DUE TO (b)  DUE TO (c)  IFICANT OD from color of surface of surfac	ONDITIONS CO PART I (a)	COOL OF	HO DEATH	but not related	to the term	inal PAI	RT III. If dece there a	ased was pregnancy li	female was n last 90 days.
11 1290-c 13/-0	N THIS RECORD INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	Conditivation of the conditivation of the conditivation of the condition o	ions, if any, gave rise to cause (a), the under-cause last.  1. OTHER SIGNI disease condit	DUE TO (b)  DUE TO (c)  IFICANT OD its on cook in	DINDITIONS CO PART I (a)	NTRIBUTING TO	DEATH	but not related	to the term	inal PAI	RT III. If dece there a	ased was pregnancy li	female was n last 90 days.  Unknown
10 11 12% - c 13/-0	ON THIS RECORD INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO	inmediate  cons, if any, gave rise to cause (a), the under- cause last.  I. OTHER SIGNI disease condit  20a. ACCIDENT  Month, Day	DUE TO (b)  DUE TO (c)  IFICANT OD its on cook in	DINDITIONS CO PART I (a)	COOL OF	DEATH	but not related	to the term	inal PAI	RT III. If dece there a	ased was pregnancy li	female was n last 90 days.
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11 12% - c 13/-0	READ AMENDMENTS ON THIS RECORD READ	OF : DOCUMENT	MEDICAL CERTIFICATION	In the property of the propert	IMMEDIATE  ions, if any, gave rise to cause (a), the under- cause last.  I. OTHER SIGNI disease condit  20a. ACCIDENT  IVITATION TO THE CAUSE  IVITATI	DUE TO (b)  DUE TO (c)  IFICANT OD its or of the control of the co	DINDITIONS CO PART I (a)	NTRIBUTING TO 20b. DESCR	DEATH DEATH LIBE POW	but not related  INJURY OCCURR  H. CITY, TOWN, of the stated above 12b. ADDRESS	ED. (Enter no	inal PAI	RT III. If dece there a	ased was pregnancy in No ART II of it	female was n last 90 days.  Unknown 18.)
BLACK INK OR OR RITER RIBBON	AMENDMENTS ON THIS RECORD INSTEAD OF		MEDICAL CERTIFICATION	Conditi which above stating lying PART I  19. WAS AUTOPSY PERFORMED? YES NO  20c. TIME OF HOUSE NOT WHILE AT WOR NOT WHILE AT WOR NOT WHILE AT COLUMN AUTOPSY NOT WHILE AT WOR WOR WOR WOR WOR WHILE AT WOR	IMMEDIATE  ions, if any, gave rise to cause (a), the under- cause last.  I. OTHER SIGNI disease condit  20a. ACCIDENT  IVITATION TO THE CAUSE  IVITATI	DUE TO (b)  DUE TO (c)  IFICANT OD its or of the control of the co	ONDITIONS CO PART I (a) HOMICIDE OF INJURY (e.g.	NTRIBUTING TO 20b. DESCR	ODEATH DEATH DEATH OTHER	but not related  INJURY OCCURR  IT. CITY, TOWN, of the stated above  22b. ADDRESS  Butler	ED. (Enter no one LOCATIOn and lest saw, and to the	inal PAI	RT III. If dece there a Yes y in PART I or F	ased was pregnancy in No ART II of it it the causes	female was n last 90 days.  Unknown tem 18.)
10 11 12% - c 13/-0	SHOULD READ INSTEAD OF	AVIT OF :	73	Conditi which above stating lying PART I  19. WAS AUTOPSY PERFORMED? YES   NO 12  20c. TIME OF HOU INJURY S.m. P.m.  20d. INJURY OCCURR WHILE AT WOR NOT WHILE AT 12  21. 1 attended the december occurred 22a SIGNATURE	IMMEDIATE  cons, if any, gave rise to cause (a), the under- cause last.  I. OTHER SIGNI disease condit  20a. ACCIDENT  or Month, Day  EED  WORK  2  2  2  2  2  2  2  4  2  4  2  4  2  4  2  4  2  4  4	DUE TO (b)  DUE TO (c)  IFICANT OD (ion over in the control of the	ONDITIONS CO PART I (a) HOMICIDE OF INJURY (e.g.	NTRIBUTING TO  20b. DESCR  in or about h fice bldg., etc.)  OF CEMETERY	OTEATH OTEATH OTEATH OTEATH	but not related  INJURY OCCURR  INJU	ED. (Enter no.	inal PAI	RT III. If dece there a	ased was pregnancy in No ART II of it it the causes	female was n last 90 days.  Unknown 18.)  STATE  stated.  DATE SIGNED
10 11 12% - c 13/ - 0	NO. SHOULD READ INSTEAD OF		73	Conditivation which above stating lying PART I  19. WAS AUTOPSY PERFORMED? YES DINJURY OF INJURY OF INJURY OF INJURY OF WHILE AT WOR NOT WHILE AT THE TOTAL SPECIFY IN AL, CREMATION OF AL, CREMA	IMMEDIATE  ons, if any, gave rise to cause (a), the under- cause last.  I. OTHER SIGNI disease condit  20a. ACCIDENT  or Month, Day  RED WORK   2  eccessed from at   235. DATE   5 / 2	DUE TO (b)  DUE TO (c)  IFICANT DI ITION OF THE PROPERTY OF TH	ONDITIONS CO. PART I (a) HOMICIDE OF INJURY (e.g. actory, street, o	NTRIBUTING TO  20b. DESCR  20b. DESCR  Trice bldg., etc.)  5 PM m  OF CEMETERY  Ohns to w	OTTE, 20 OTT	but not related  INJURY OCCURR  IT. CITY, TOWN, of the stated above  22b. ADDRESS  Butler	ED. (Enter no.)  OR LOCATION  and lest saw, and to the  Miss  23d. LOCA  Ba	inal PAI  butter of injury  nimalive on him alive on best of my le  OUTI  TION (City, 1 LES C	COUNTY  COUNTY	ased was pregnancy in No ART II of it	female was n last 90 days.  Unknown tem 18.)  STATE  stated. DATE SIGNED  (State)
10 11 12% - c 13/ - 0	SHOULD READ INSTEAD OF	AVIT OF :	73	Conditi which above stating lying PART I  19. WAS AUTOPSY PERFORMED? YES   NO 12  20c. TIME OF HOU INJURY S.m. P.m.  20d. INJURY OCCURR WHILE AT WOR NOT WHILE AT 12  21. 1 attended the december occurred 22a SIGNATURE	IMMEDIATE  ons, if any, gave rise to cause (a), the under- cause last.  I. OTHER SIGNI disease condit  20a. ACCIDENT  or Month, Day  RED WORK   2  eccessed from at   235. DATE   5 / 2	DUE TO (b)  DUE TO (c)  IFICANT DI ITION OF THE PROPERTY OF TH	ONDITIONS CO. PART I (a) HOMICIDE OF INJURY (e.g. actory, street, o	NTRIBUTING TO  20b. DESCR  20b. DESCR  Trice bldg., etc.)  5 PM m  OF CEMETERY  Ohns to w	OTTE, 20 OTT	but not related  INJURY OCCURR  INJU	ED. (Enter no.)  OR LOCATION  and lest saw, and to the  Miss  23d. LOCA  Ba	inal PAI  butter of injury  nimalive on him alive on best of my le  OUTI  TION (City, 1 LES C	COUNTY  COUNTY	ased was pregnancy in No ART II of it it the causes	female was n last 90 days.  Unknown tem 18.)  STATE  stated. DATE SIGNED  (State)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Oohen Hiller Wood
Signature of Student Embalmer	Signed John Hollewood Licensed Embalmer No. 3585 P. O. Address Butlewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.